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ON 273, 098 UTILITY RECEIVE	120	AFT & PI631 PTO/SB/05 (08-03)		
OTILITY RECEIVE	Attorney Docket No.	02307O-136611US		
B) PATENT APPLICATION	First Inventor	Tessier-Lavigne, Marc		
(Only for new nonprovisional applications under TECH CENTER) 1600	7111e	COMPOSITIONS FOR PROMOTING NERVE REGENERATION		
(Editornato))	Express Mail Label No.	EV 332106261 US		

1	APPLICATIO	N ELEMENTS		Mail	Stop Patent Application			
	EP chapter 600 concerning design	patent application contents.		ADDRESS TO Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450				
2. 🖂	See 37 CFR 1.27.	cate for fee processing) by status. [Total Pages 16] in below) in pplications insored R & D a table, appendix	8. Nucleotide (if applicable a.	M or CD-R in cer Program (Apand/or Amino Apand/or Amino Apand/or Readable If on Sequence LEOM or CD-R (2 or number of panents verifying in	duplicate, large table or opendix) ucid Sequence Submission v) Form (CRF) uisting on: copies); or ges dentity of above copies			
1	- Claim(s)				APPLICATIONS PARTS			
a. b. lf a COI specificatic Sign Con Prior ap	Drawing(s) (35 U.S.C.113) h or Declaration Newly executed (original Copy from a prior applica (for a continuation/division) i. DELETION OF INVE Signed statement attached named in the prior application 1.63(d)(2) and 1.33(b). Application Data Sheet. See	tion (37 CFR 1.63 (d)) nal with Box 18 completed NTOR(S) deleting inventor(s) on, see 37 CFR 37 CFR 1.76 appropriate box, and supply olication Data Sheet under 3 Continuation-in-part miner Marianne P. Allen only: The entire disclosure of	10. 37 CF (when 11. Englis 12. Inform Statem 13. Prelim 14. Return (Shoul) 15. Certifie (if fore 16. Nonput (b)(2)(E 07 its ec 17. Other: per acc the requisite informat 7 CFR 1.76: (CIP) of the prior applicatio	R 3.73(b) State there is an ass h Translation Disclosure ation Disclosure ation Disclosure (IDS)/PTO inary Amendment (IDS)/PTO inary Amendment (IDS)/PTO inary Amendment (IDS) of Priority is collication Request) (i). Applicant requirement (IDS) amonth extension below and in prior application to Unit: 1631	Attorney Document (if applicable) Document (if			
		19. CORRESPON	DENCE ADDRESS	The state of the s	submitted application parts.			
⊠ Custo	stomer Number 20350		50	OR Correspondence address to				
Address								
City ·		State		Zip Code				
Country		Telephone		Fax				
Name (Pri	int/Type) Jean M. Loc	ckyer, Ph.D.	egistration No. (Atto	rney/Agept)	44,879			
Signature	h	11 VII	1 / ///	Date	November 24, 2003			
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FEE TRANSMITTAL		CH CENTER 1608/2900			Complete if Known			
MANAGOVITIAL	Appl	plication Number						
for FY 2004	Filin	Filing Date November 24, 2003 - #EV332106261US				261US		
Effective 10/01/2003. Patent fees are subject to annual revision.	First	First Named Inventor			Tessier-Lavigne, Marc			
Applicant claims small entity status. See 37 CFR 1.27	Exar	Examiner Name						
	Art L	Jnit						
TOTAL AMOUNT OF PAYMENT (\$) 860	Attor	Attorney Docket No.			02307O-136611US			
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)						
Check Credit Card Money Order Other None Deposit Account:	3. AD	DITIONAL Entity	Small	Entity				
Deposit Account 20-1430	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid		
Number	1051 1052	130 50	2051 2052	65 25	Surcharge - late filing fee or oath Surcharge - late provisional filing fee			
Deposit Account Townsend and Townsend and Crew LLP	1053	130	1053	130	or cover sheet. Non-English specification			
Name	1812	2,520	1812	2,520	For filing a request for reexamination			
The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments	1804	920*	1804	920*				
Charge any additional fee(s) or any underpayment of fee(s)	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action			
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1251	110	2251	55	Extension for reply within first month			
FEE CALCULATION	1252	420	2252	210	10 Extension for reply within second month			
1. BASIC FILING FEE	1253 1254	950 1,480	2253 2254	475 740	Extension for reply within third month	475		
Large Entity Small Entity	1254	1,400	2254	740	Extension for reply within fourth month			
Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1255 1401	2,010	2255	1,005	Extension for reply within fifth month			
1001 770 2001 385 Utility filing fee 385	1401	330 330	2401 2402	165 165	Notice of Appeal Filing a brief in support of an appeal	<u> </u>		
1002 340 2002 170 Design filing fee	1403	290	2403	145	Request for oral hearing	\vdash		
1003 530 2003 265 Plant filing fee 1004 770 2004 385 Reissue filing fee	1451	1,510	1451	1.510	Petition to institute a public use			
1005 160 2005 80 Provisional filing fee	1452	110	2452	55	proceeding Petition to revive – unavoidable			
	1453	1,330	2453	655	Petition to revive – unintentional			
SUBTOTAL (1) (\$)385 .	1501	1,330	2501	655 Utility issue fee (or reissue)				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1502	480	2502	240	Design issue fee			
Fee from	1503	640	2503	320	Plant issue fee			
Extra Claims below Fee Paid	1460 1807	130 50		130	Petitions to the Commissioner			
Total Claims 11 -20** = 0 x\$9 = \$0	1807	50	1807	50	Petitions related to provisional applications			
Independent Claims 1 -3** = 0 X\$43 = \$0	1806	180	1806	180	Submission of Information Disclosure Stmt			
Multiple Dependent	8021	40	8021	40				
Large Entity Small Entity Fee Fee	1809	770	2809	385	Filing a submission after final rejection			
Code (\$) Code (\$) Fee Description 1202 18 2202 9 Claims in excess of 20	1810	770	2810	385	(37 CFR § 1.129(a)) For each additional invention to be			
1201 86 2201 43 Independent claims in excess of 3	1801	770	2801	385	examined (37 CFR § 1.129(b)) Request for Continued Examination			
1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 Reissue independent claims	1802	900		900	(RCE) Request for expedited examination			
over original patent 1205 18 2205 9 Reissue claims in excess of 20 and over original patent	Other fe	Of a design application Other fee (specify)						
SUBTOTAL (2) (\$)0 "or number previously paid, if greater; For Reissues, see above .	*Reduc	'Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)475						
SUBMITTED BY						==		
	yer, Ph.D. , Registration No. (Attorney/Agent) 44,879 Telephone 415-576-0200							
Signature November 24, 2003								
WARNING Information on this form may become		dit card in	W		14076/1108/ 24, 2003			